

# SIGN-UP FORM

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Section 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

<b>A NAME OF PAYEE</b> <i>(last, first, middle initial)</i>		<b>D TYPE OF DEPOSIT OR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E DEPOSIT OR ACCOUNT NUMBER</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
CITY	STATE	ZIP Code	
TELEPHONE NUMBER AREA CODE		<b>F TYPE OF PAYMENT</b> <i>(Check only one)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Social Security  <input type="checkbox"/> Supplemental Security Income  <input type="checkbox"/> Railroad Retirement  <input type="checkbox"/> Civil Service Retirement (OPM)  <input type="checkbox"/> VA Compensation or Pension         </div> <div style="width: 45%;"> <input type="checkbox"/> Fed Salary/Mil. Civilian Pay  <input type="checkbox"/> Mil. Active _____  <input type="checkbox"/> Mil. Retire. _____  <input type="checkbox"/> Mil. Survivor _____  <input type="checkbox"/> Other _____ <i>(specify)</i> </div> </div>	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> <i>(if applicable)</i> TYPE _____ AMOUNT _____	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix _____ Suffix _____		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		SIGNATURE _____ DATE _____	
SIGNATURE _____ DATED _____		SIGNATURE _____ DATE _____	

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER		CHECK DIGIT
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<div> <div></div> </div>
		DEPOSIT OR ACCOUNT TITLE	
<p align="center"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-name payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**